

PTO/SB/50 (06-03)

Approved for use through 01/31/2004. OMB 0651-0033
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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REISSUE PATENT APPLICATION TRANSMITTAL

| | | |
|--|--|---------------------|
| Address to: Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 | Attorney Docket No. | 1999U029.RE.US |
| | First Named Inventor | David H. McConville |
| | Original Patent Number | 6,300,439 |
| | Original Patent Issue Date (Month/Day/Year) | October 9, 2001 |
| | Express Mail Label No. | ER 787568114 US |

| | |
|--|--|
| APPLICATION FOR REISSUE OF: | |
| (Check applicable box) <input checked="" type="checkbox"/> Utility Patent | <input type="checkbox"/> Design Patent <input type="checkbox"/> Plant Patent |
| APPLICATION ELEMENTS (37 CFR 1.173) | |
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/50) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate) 4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate) 5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR 1.175) (PTO/SB/51 or 52) 6. <input type="checkbox"/> Power of Attorney 7. <input checked="" type="checkbox"/> Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/56) 8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table 9. Nucleotide and/or Amino Acid Sequence Submission (If applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies | |
| ACCOMPANYING APPLICATION PARTS | |
| 10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c). 11. <input checked="" type="checkbox"/> Original Patent Grant <input checked="" type="checkbox"/> Ribboned Original Patent Grant <input type="checkbox"/> Statement of Loss (PTO/SB/55) 12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable) 13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations 14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable) 15. <input checked="" type="checkbox"/> Preliminary Amendment 16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 17. Other: PTO-2038 (Credit Card Form) | |

18. CORRESPONDENCE ADDRESS

| | | | | |
|--|---|-----------|--------------|---|
| <input type="checkbox"/> Customer Number | | | | OR <input checked="" type="checkbox"/> Correspondence address below |
| Name | Douglas W. Miller | | | |
| Address | c/o Judith A. Kruger 5555 San Felipe, Suite 1950 | | | |
| City | Houston | State | TX | Zip Code 77503 |
| Country | USA | Telephone | 713.780.7799 | Fax 713.882.3887 |

| | | | |
|-------------------|--------------------------|-----------------------------------|---------|
| Name (Print/Type) | Douglas W. Miller | Registration No. (Attorney/Agent) | 36,808 |
| Signature | <i>Douglas W. Miller</i> | Date | 2/12/04 |

This collection of information is required by 37 CFR 1.173. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Reissue, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
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PTO/SB/55 (08-03)

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REISSUE APPLICATION FEE TRANSMITTAL FORM

Docket Number (Optional)

1999U028.RE.US

Claims as Filed - Part 1

| | (1) Claims in Patent | (2) Number Filed in Reissue Application | (3) Number Extra | Small Entity | | Other than a Small Entity | |
|--|-------------------------------|--|---------------------|--------------|-----|---------------------------|-----------|
| | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.18(j)) | (A) 14 | (B) 14 | 0 | x \$ | | x \$ | |
| Independent claims (37 CFR 1.16(i)) | (C) 1 | (D) 1 | 0 | x \$ | | x \$ | |
| Basic Fee (37 CFR 1.16(h)) | | | | \$ | | \$ | 770.00 |
| Total Filing Fee | | | | \$ | | OR | \$ 770.00 |

Claims as Amended - Part 2

| | (1) Claims Remaining After Amendment | (2) Highest Number Previously Paid For | (3) Extra Claims Present | Small Entity | | Other than a Small Entity | |
|---|--|---|-----------------------------------|----------------------|-----|---------------------------|-----------|
| | | | | Rate | Fee | Rate | Fee |
| Total Claims (37 CFR 1.18(j)) | 39 | MINUS 14 | = 25 | x \$ | | x \$ 18 = | 450.00 |
| Independent Claims (37 CFR 1.16(i)) | 4 | MINUS 1 | = 3 | x \$ | | x \$ 86 = | 258.00 |
| Multiple Dependent Fee = \$290.00 | | | | Total Additional Fee | \$ | OR | \$ 708.00 |

* If the entry in (D) is less than the entry in (C), Write "0" in column 3.

TOTAL \$1,768.00

** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.

*** After any cancellation of claims.

**** If "A" is greater than 20, use (B - A); If "A" is 20 or less, use (B - 20).

***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).

☐ Applicant claims small entity status. See 37 CFR 1.27.☐ Please charge Deposit Account Number _____ in the amount of _____.
A duplicate copy of this sheet is enclosed.☐ The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or
credit any overpayment to Deposit Account Number _____.
A duplicate copy of this sheet is enclosed.☐ A check in the amount of \$ _____ to cover the filing/additional fee is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**

February 12, 2004

Date

36,808

Registration Number, if applicable

Signature of Applicant, Attorney or Agent of Record

Douglas W. Miller

Typed or printed name

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450
If you need assistance in completing the form, call 1-800-PTO-9198 and select option 2.

Application No. 09/435,409
Attorney Docket No. 1999U029.RE.US
IDS dated February 12, 2004

We believe that this disclosure complies with the requirements of 37 CFR § 1.56, 1.97 and 1.98 and the Manual of Patent Examining Procedures § 609. If for any reason, the Examiner considers the disclosure or documents to not comply with these sections, notification is respectfully requested.

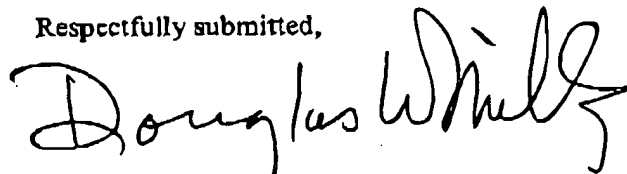
Applicant requests that the Examiner contact the Applicant's Agent if there are any matters or issues outstanding.

Note is made that the correspondence should be sent to:

Douglas W. Miller
In representation of Univation Technologies, LLC
c/o Judith A. Kruger
5555 San Felipe, Suite 1950
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Facsimile: 713.892.3687

However the telephone number for Douglas W. Miller is (713) 780-7799.

Respectfully submitted,

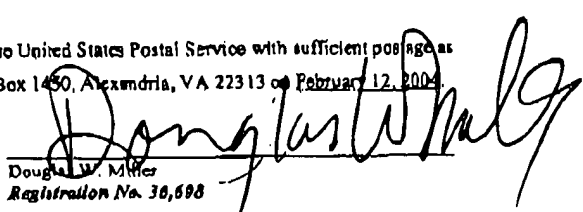


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(713) 780-7799

CERTIFICATE OF MAILING UNDER 37 CFR 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313 on February 12, 2004.



Douglas W. Miller
Registration No. 36,608

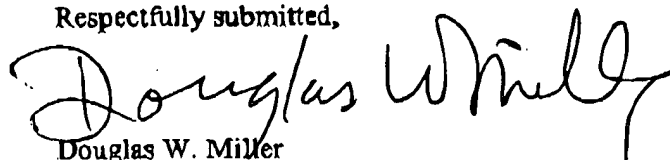
Application No.: 09/435,409
Response dated: February 12, 2004
Reissue Preliminary Amendment

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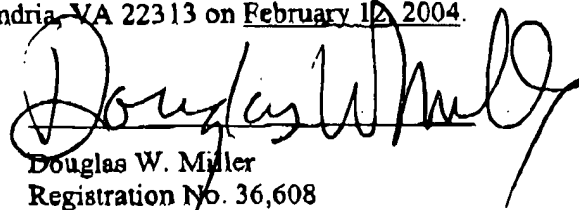


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Registration No. 36,608